

# Torrance CitiCABLE EVENT COVERAGE REQUEST FORM



**Person Requesting Media Coverage (Name):** \_\_\_\_\_

**Contact #:** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_

**Contact Person for Event:** \_\_\_\_\_

**Tell Us About This Event:**